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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED SEP 24 1948 318  
Registration District No. ....

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

312642  
State File No. ....  
Registrar's No. 8058

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
xxxxxx xx xx xx xx en route City Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 (Specify whether  
In this community 2 years, months or days)

3. (a) PRINT FULL NAME Daniel F. Meehan

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex D M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Goldie Meehan 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased July 21st. 1892 (Month) (Day) (Year)

8. AGE: Years 59 Months 50 Days 1 If less than one day 21 hr. min.

Birthplace St. Louis Mo. U  
(City, town, or county) (State or foreign country)

Usual occupation City Fireman

Industry or business .....

12. Name William Meehan

13. Birthplace St. Louis Mo. U  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Heffernan

15. Birthplace St. Louis Mo. U  
(City, town, or county) (State or foreign country)

Informant Mrs. Goldie Meehan

(b) Address 3018 Shenandoah St.

Burial (b) Date thereof 9-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

(a) Signature of funeral director Arthur J. Donnell

(b) Address 3840 Lindell Blvd.

19. (a) SEP 14 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3018 Shenandoah St.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th.  
year 1948 hour 2:03 minute P. M.

21. I hereby certify that I attended the deceased from .....  
....., 19....., to ..... 19.....;

that I last saw h..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy. Duration .....

Due to 83 .....

Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State) 3

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (c) Means of injury .....

23. Signature W. J. Terry (a) Doctor (b) Other

Address 1300 Date signed SEP 14 1948

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OTHER FATHER  
can be att-  
you-  
11-20-48  
11-20-48

*Am*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W. H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of.....  
County of..... } ss.

State File No. 31264 45  
Local Registrar's No. 8058

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears....., who, upon..... oath, states that the original record of birth death  
for Daniel F. Meehan, died 9-12-48, 19....., in the State of  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 7 should read July 21 - 1889  
Instead of..... " " 1892

Item No. 8 should read age 59  
Instead of..... 56

Item No..... should read.....  
Instead of.....

Item No..... should read.....  
Instead of.....

Item No..... should read.....  
Instead of.....

Item No..... should read.....  
Instead of.....

Item No..... should read.....  
Instead of.....

Item No..... should read.....  
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant Haldie Meehan Inf. Relationship.

3018 Shenandoah  
Present Address.

Subscribed and sworn to before me this 11 day of Oct., 194.....

My Commission expires 3-4-49 Ella C. Paulsen Notary Public.

